

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 097846470		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1							61		
2							62		
3							63		
4							64		
5							65		
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39							99		
40							100		
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46									
47									
48									
49									
50									
TOTAL IND.	1						TOTAL IND.		
TOTAL DEP.	2						TOTAL DEP.		
TOTAL CLAIMS	3						TOTAL CLAIMS		